

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **12866**

**DEAD APR 26 1952**

Registrar's No. **1722**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>	
c. LENGTH OF STAY (in this place) <b>1903</b>		d. STREET ADDRESS (If rural, give location) <b>703 E. 14 St.</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>General Hospital No. 1</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b>		b. (Middle)		c. (Last) <b>Drohus</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>4 12 52</b>	
5. SEX <b>M</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>0</b>		8. DATE OF BIRTH <b>7-4-77</b>	
9. AGE (In years last birthday) <b>27 4</b>		IF UNDER 1 YEAR Months		IF UNDER 2 HRS. Hours		IF UNDER 30 MIN. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>LABORER</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>DARROW EAST GALICIAN</b>		12. CITIZEN OF WHAT COUNTRY? <b>POLAND</b>	
13a. FATHER'S NAME <b>UNK</b>			13b. MOTHER'S MAIDEN NAME <b>UNK</b>			14. NAME OF HUSBAND OR WIFE <b>SINGLE</b>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>UNK</b>		16. SOCIAL SECURITY NO. <b>UNK</b>		17. INFORMANT'S SIGNATURE OR NAME <b>PUBLIC ADM'</b>		ADDRESS <b>KC Mo.</b>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebrovascular accident</b>				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<b>331X</b>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from **April 11, 1952**, to **April 12, 1952**, that I last saw the deceased alive on **April 12, 1952**, and that death occurred at **11:20A** m., from the causes and on the date stated above.

23a. SIGNATURE <b>B.I. Burns</b> (Degree or title)		23b. ADDRESS <b>24th &amp; Cherry</b>		23c. DATE SIGNED <b>4-14-52</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>4-16-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>MT CALVARY CEM</b>		24d. LOCATION (City, town, or county) (State) <b>K.C. MO.</b>	
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DATE REC'D BY LOCAL REG. <b>4-15-52</b>		REGISTRAR'S SIGNATURE <b>Sheraldine Holmes</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>SEBETOS</b>		ADDRESS <b>CITY</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

*Handwritten signature or initials in the top right corner.*

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed Forrest D. Goldsnow

Signed.....  
Student Embalmer

Licensed Embalmer No. 4714

P. O. Address K. P. Md.

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.